OAK RIDGE CARE CENTER, INC.

1400 8TH AVENUE

UNION GROVE 53182 Phone: (262) 878	8-2788	Ownership:	Corporation
Operated from 1/1 To 12/31 Days of Opera	ation: 365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/03	3): 77	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/03):	77	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	69	Average Daily Census:	71

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (1	12/31/03)	Length of Stay (12/31/03)	용
Home Health Care	No	. 2 3					26.1
Supp. Home Care-Personal Care	No			'			44.9
Supp. Home Care-Household Services	No	Developmental Disabilities		Under 65			10.1
Day Services	No	Mental Illness (Org./Psy)		65 - 74	5.8	•	
Respite Care	No	Mental Illness (Other)	1.4	75 - 84	30.4		81.2
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	44.9	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	13.0	Full-Time Equivalent	
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	2.9		100.0	(12/31/03)	
Other Meals	No	Cardiovascular	14.5	65 & Over	94.2		
Transportation	No	Cerebrovascular	24.6			RNs	13.0
Referral Service	No	Diabetes	10.1	Gender	%	LPNs	6.1
Other Services	Yes	Respiratory	4.3			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	8.7	Male	20.3	Aides, & Orderlies	44.9
Mentally Ill	No			Female	79.7		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		
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Method of Reimbursement

		edicare			edicaid itle 19		(Other			Private Pay			amily Care			anaged Care			
Level of Care	No.	90	Per Diem (\$)	No.	olo Olo	Per Diem (\$)	No.	%	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	
Int. Skilled Care	0	0.0	0	1	2.1	140	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.4
Skilled Care	8	100.0	293	42	89.4	121	0	0.0	0	14	100.0	197	0	0.0	0	0	0.0	0	64	92.8
Intermediate				4	8.5	103	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	5.8
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt O	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	8	100.0		47	100.0		0	0.0		14	100.0		0	0.0		0	0.0		69	100.0

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Admissions, Discharges, and Deaths During Reporting Period	I	Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/03
beating builting kepoliting reliou	i				Needing		Total
ercent Admissions from:	1	Activities of	용	As	sistance of	% Totally	Number of
Private Home/No Home Health	3.3	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.8	Bathing	1.4		75.4	23.2	69
Other Nursing Homes	7.4	Dressing	1.4		81.2	17.4	69
Acute Care Hospitals	79.3	Transferring	17.4		63.8	18.8	69
Psych. HospMR/DD Facilities	0.0	Toilet Use	8.7		72.5	18.8	69
Rehabilitation Hospitals	3.3	Eating	71.0		11.6	17.4	69
Other Locations	5.8	******	*****	****	******	******	*****
otal Number of Admissions	121	Continence		용	Special Treatmen	ts	양
ercent Discharges To:	I	Indwelling Or Extern	nal Catheter	5.8	Receiving Resp	iratory Care	4.3
Private Home/No Home Health	16.3	Occ/Freq. Incontiner	nt of Bladder	73.9	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	17.9	Occ/Freq. Incontiner	nt of Bowel	29.0	Receiving Suct	ioning	0.0
Other Nursing Homes	3.3				Receiving Osto	my Care	0.0
Acute Care Hospitals	17.9	Mobility			Receiving Tube	Feeding	5.8
Psych. HospMR/DD Facilities	0.8	Physically Restraine	ed	5.8	Receiving Mech	anically Altered Diets	31.9
Rehabilitation Hospitals	0.0						
Other Locations	13.0	Skin Care			Other Resident C	haracteristics	
Deaths	30.9	With Pressure Sores		7.2	Have Advance D	irectives	100.0
otal Number of Discharges	i	With Rashes		0.0	Medications		
(Including Deaths)	123 i				Receiving Psyc	hoactive Drugs	52.2

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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		Owne	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	orietary	50	-99	Ski	lled	Al	1
	Facility	Facility Peer		Peer	Group	Peer	Group	Faci	lities
	8	용	Ratio	용	Ratio	왕	Ratio	왕	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	91.6	86.2	1.06	87.1	1.05	88.1	1.04	87.4	1.05
Current Residents from In-County	0.0	78.5	0.00	81.0	0.00	82.1	0.00	76.7	0.00
Admissions from In-County, Still Residing	0.0	17.5	0.00	19.8	0.00	20.1	0.00	19.6	0.00
Admissions/Average Daily Census	170.4	195.4	0.87	158.0	1.08	155.7	1.09	141.3	1.21
Discharges/Average Daily Census	173.2	193.0	0.90	157.4	1.10	155.1	1.12	142.5	1.22
Discharges To Private Residence/Average Daily Census	59.2	87.0	0.68	74.2	0.80	68.7	0.86	61.6	0.96
Residents Receiving Skilled Care	94.2	94.4	1.00	94.6	1.00	94.0	1.00	88.1	1.07
Residents Aged 65 and Older	94.2	92.3	1.02	94.7	0.99	92.0	1.02	87.8	1.07
Title 19 (Medicaid) Funded Residents	68.1	60.6	1.12	57.2	1.19	61.7	1.10	65.9	1.03
Private Pay Funded Residents	20.3	20.9	0.97	28.5	0.71	23.7	0.86	21.0	0.97
Developmentally Disabled Residents	1.4	0.8	1.80	1.3	1.14	1.1	1.31	6.5	0.22
Mentally Ill Residents	33.3	28.7	1.16	33.8	0.99	35.8	0.93	33.6	0.99
General Medical Service Residents	8.7	24.5	0.36	21.6	0.40	23.1	0.38	20.6	0.42
Impaired ADL (Mean)	49.6	49.1	1.01	48.5	1.02	49.5	1.00	49.4	1.00
Psychological Problems	52.2	54.2	0.96	57.1	0.91	58.2	0.90	57.4	0.91
Nursing Care Required (Mean)	6.2	6.8	0.91	6.7	0.92	6.9	0.89	7.3	0.84